

<i>SERFF Tracking Number:</i>	<i>AAAL-126597831</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45572</i>
<i>Company Tracking Number:</i>	<i>2010 MLTA RIDER/ULTRA</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>MLTA-08 2010 Riders/Ultra</i>		
<i>Project Name/Number:</i>	<i>MLTA-08 2010 Riders/Ultra/ML-10</i>		

Filing at a Glance

Company: AAA Life Insurance Company			
Product Name: MLTA-08 2010 Riders/Ultra	SERFF Tr Num: AAAL-126597831	State: Arkansas	
TOI: H03G Group Health - Accidental Death & Dismemberment	SERFF Status: Closed-Approved-Closed	State Tr Num: 45572	
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment	Co Tr Num: 2010 MLTA RIDER/ULTRA	State Status: Approved-Closed	
Filing Type: Form		Reviewer(s): Rosalind Minor	
	Authors: Barbara Hassell, Victoria Windham	Disposition Date: 05/05/2010	
	Date Submitted: 05/03/2010	Disposition Status: Approved-Closed	
Implementation Date Requested: On Approval		Implementation Date:	
State Filing Description:			

General Information

Project Name: MLTA-08 2010 Riders/Ultra	Status of Filing in Domicile: Not Filed
Project Number: ML-10	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Exempt from filing in Michigan, our domiciliary state.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Trust
Filing Status Changed: 05/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/05/2010
Deemer Date:	Created By: Victoria Windham
Submitted By: Barbara Hassell	Corresponding Filing Tracking Number:
Filing Description:	
Please refer to the cover letter included in the "Supporting Documentation" tab.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: AAAL-126597831 State: Arkansas
Filing Company: AAA Life Insurance Company State Tracking Number: 45572
Company Tracking Number: 2010 MLTA RIDER/ULTRA
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Product Name: MLTA-08 2010 Riders/Ultra
Project Name/Number: MLTA-08 2010 Riders/Ultra/ML-10

Victoria Windham, Compliance Specialist VWindham@aaalife.com
17900 N. Laurel Park Drive 800-624-1662 [Phone] 2075 [Ext]
Livonia, MI 48152-3985 734-805-6282 [FAX]

Filing Company Information

AAA Life Insurance Company CoCode: 71854 State of Domicile: Michigan
17900 N. Laurel Park Drive Group Code: -99 Company Type:
Livonia, MI 48152-3985 Group Name: State ID Number:
(800) 624-1662 ext. 2942[Phone] FEIN Number: 52-0891929

Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: 6 Rates X \$50 = \$300
+ 5 Riders X \$50 = \$250
Total Fees = \$550.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AAA Life Insurance Company	\$550.00	05/03/2010	36176675

SERFF Tracking Number:	AAAL-126597831	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/05/2010	05/05/2010

<i>SERFF Tracking Number:</i>	<i>AAAL-126597831</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>MLTA-08 2010 Riders/Ultra/ML-10</i>		

Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AAAL-126597831	State:	Arkansas
Filing Company:	AAA Life Insurance Company	State Tracking Number:	45572
Company Tracking Number:	2010 MLTA RIDER/ULTRA		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	MLTA-08 2010 Riders/Ultra		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Specimen Certificate Schedule of Benefits Amendment	Approved-Closed	Yes
Form	Additional Accidental Death Benefit Rider	Approved-Closed	Yes
Form	Additional Accidental Hospital Benefit Rider	Approved-Closed	Yes
Form	Airline Benefit Increase Rider	Approved-Closed	Yes
Form	Recuperation Extension Benefit Rider	Approved-Closed	Yes
Form	Spouse Benefit Increase Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ML-10AAD

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 05/05/2010	ML-10AAD	Certificate	Additional Accidental Initial Amendmen Death Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial		52.800	ML-10AAD ADDITIONAL ACCIDENTAL DEATH BENEFIT RIDER.pdf
Approved-Closed 05/05/2010	ML-10AAH	Certificate	Additional Accidental Initial Amendmen Hospital Benefit Rider t, Insert Page, Endorseme nt or Rider			50.500	ML-10AAH ADDITIONAL ACCIDENTAL HOSPITAL BENEFIT RIDER.pdf
Approved-Closed 05/05/2010	ML-10ABI	Certificate	Airline Benefit Amendmen Increase Rider t, Insert Page, Endorseme nt or Rider	Initial		50.100	ML-10ABI AIRLINE BENEFIT INCREASE RIDER.pdf
Approved-Closed 05/05/2010	ML-10REB	Certificate	Recuperation Amendmen Extension Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial		58.200	ML-10REB RECUPERAT ION EXTENSION BENEFIT RIDER.pdf
Approved-Closed 05/05/2010	ML-10SBI	Certificate	Spouse Benefit Amendmen Increase Rider t, Insert Page, Endorseme nt or Rider	Initial		55.700	ML-10SBI SPOUSE BENEFIT INCREASE RIDER.pdf



(A Stock Company)

**17900 N. Laurel Park Drive
Livonia, Michigan 48152
[(800) 624-1662]**

ADDITIONAL ACCIDENTAL DEATH BENEFIT RIDER

BENEFIT

This Rider extends the benefits for loss of life. This Rider covers non-travel related accidental injuries that result in death. Loss of life must occur within 90 days from the date of the accident. The benefit is equal to a percentage of the Face Amount. The Face Amount and Benefit Percentage are shown on the Certificate Schedule of Benefits Amendment (CSBA).

ACCIDENTAL INJURY means an unexpected external event that directly causes harm to the insured.

EXCEPTIONS AND LIMITATIONS

This Rider does not provide coverage when death occurs as a result of any of the following:

1. suicide or attempted suicide while sane or insane;
2. an act of war, declared or undeclared;
3. injuries received while participating in any maneuvers or training exercises of the Armed Forces;
4. injuries received while under the influence of alcohol (a blood alcohol level as defined by state law is conclusive evidence of intoxication for purposes of this Certificate);
5. injuries received while under the influence of any narcotic or drug unless administered on the advice of a physician;
6. directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigators and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
7. injuries received while participating in the commission of a crime;
8. injuries caused by, contributed to by, or resulting directly or indirectly in whole or part from sickness, disease or bodily or mental infirmity;
9. boarding, exiting, or alighting any vehicle
10. riding or driving in any vehicle:
 - a. in a competitive sport;
 - b. for racing or testing purposes;
 - c. for stunt riding, jumping, aerobatics or similar activity; and or
 - d. with more than the number of person(s) the manufacturer designed for the vehicle.
11. riding or driving in any vehicle on any road where it is prohibited by law.

RIDER EFFECTIVE DATE

The Rider effective date is shown on the CSBA. This Rider is in effect only while the Certificate remains in effect. This Rider does not cover death resulting from an Accidental Injury sustained prior to the effective date of this Rider.

CONSIDERATION

We issue this Rider in consideration of the Insured's application for this Rider and payment of its first modal Premium. The Premium for this Rider is shown on the CSBA.

TERMINATION

When You cancel this Rider, it will terminate on the next premium due date.

TERMS AND CONDITIONS

This Rider becomes a part of your Certificate. It is governed by the General Provisions and terms of the Certificate that are not in conflict with the terms of this Rider. In the event of a conflict, the terms of this Rider shall prevail.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Vice President & General Counsel



(A Stock Company)
17900 N. Laurel Park Drive
Livonia, Michigan 48152
[(800) 624-1662]

ADDITIONAL ACCIDENTAL HOSPITAL BENEFIT RIDER

BENEFIT

This Rider extends the

Hospital Indemnity;
Recuperation; and
Emergency Room Benefit Amount.

It covers non-travel related accidental injury. Benefits are equal to a percentage of the Benefit Amount. Benefits are shown on the Certificate Schedule of Benefits Amendment (CSBA).

ACCIDENTAL INJURY means an unexpected external event that directly causes harm to the insured.

EXCEPTIONS AND LIMITATIONS

This Rider does not provide benefits as a result of any of the following:

1. suicide or attempted suicide while sane or insane;
2. an act of war, declared or undeclared;
3. injuries received while participating in any maneuvers or training exercises of the Armed Forces;
4. injuries received while under the influence of alcohol (a blood alcohol level as defined by state law is conclusive evidence of intoxication for purposes of this Certificate);
5. injuries received while under the influence of any narcotic or drug unless administered on the advice of a physician;
6. directly or indirectly from: active participation in a riot; insurrection; or terrorist activity. An exclusion for riot or insurrection is limited to instigators; it does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
7. injuries received while participating in the commission of a crime;
8. injuries caused by, contributed to by, or resulting directly or indirectly in whole or part from sickness, disease or bodily or mental infirmity;
9. boarding, exiting, or alighting any vehicle;
10. riding or driving in any vehicle:
 - a. in a competitive sport;
 - b. for racing or testing purposes
 - c. for stunt riding, jumping, aerobatics or similar activity; and or
 - d. with more than the number of person(s) the manufacturer designed for the vehicle.
11. riding or driving in any vehicle on any road where it is prohibited by law.

RIDER EFFECTIVE DATE

The Rider effective date is shown on the CSBA. This Rider is in effect only while the Certificate remains in effect. Injuries sustained prior to the effective date of this Rider are not covered.

CONSIDERATION

We issue this Rider in consideration of the Insured's application for this Rider and payment of its first modal Premium. The Premium for this Rider is shown on the CSBA.

TERMINATION

When You cancel this Rider, it will terminate on the next premium due date.

TERMS AND CONDITIONS

This Rider becomes a part of your Certificate. It is governed by the General Provisions and terms of the Certificate that are not in conflict with the terms of this Rider. In the event of a conflict, the terms of this Rider shall prevail.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan



Harold Huffstetler, Jr., President



Robert J. Dotson, Vice President & General Counsel



(A Stock Company)

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AIRLINE BENEFIT INCREASE RIDER

BENEFIT

This Rider increases the death benefit for loss of life on a Scheduled Airline by the Insured to the amount shown on the Certificate Schedule of Benefits Amendment (CSBA). If covered by the Certificate, the benefits for Eligible Family Members are as stated in the Certificate; except, there is a per Dependent Child limit of \$50,000.

RIDER EFFECTIVE DATE

The Rider effective date is as shown on the CSBA. This Rider is in effect only while the Certificate remains in effect. This Rider does not cover death resulting from an injury sustained prior to the effective date of this Rider.

CONSIDERATION

We issue this Rider in consideration of the Insured's application for this Rider and payment of its first modal Premium. The Premium for this Rider is shown on the CSBA.

TERMINATION

When You cancel this Rider, it will terminate on the next premium due date.

TERMS AND CONDITIONS

This Rider becomes a part of your Certificate. It is governed by the General Provisions and terms of the Certificate that are not in conflict with the terms of this Rider. In the event of a conflict, the terms of this Rider shall prevail.

If you are covered under more than one Certificate, Policy, or Rider, providing benefits for loss of life on a Scheduled Airline, Our liability shall be limited to the amount payable to the highest coverage amount and shall be limited to one (1) airline benefit per life. This limitation will not affect payment of benefits under any life insurance certificate or policy payable in addition to the airline benefit. We will refund any premiums paid to Us for coverage not used.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan

A handwritten signature in black ink, reading "Harold W. Huffstetler, Jr.".

Harold W. Huffstetler, Jr., President

A handwritten signature in black ink, reading "Robert J. Dotson".

Robert J. Dotson, Vice President & General Counsel



(A Stock Company)

17900 N. Laurel Park Drive
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RECUPERATION EXTENSION BENEFIT RIDER

BENEFIT

This Rider extends the Recuperation Benefit for ten (10) additional days. Benefits are not to exceed 365 days for any one accident.

RIDER EFFECTIVE DATE

The Rider effective date is shown on the CSBA. This Rider is in effect only while the Certificate remains in effect. This Rider does not cover recuperation for injuries sustained prior to the effective date of this Rider.

CONSIDERATION

We issue this Rider in consideration of the Insured's application for this Rider and payment of its first modal Premium. The Premium for this Rider is shown on the CSBA.

TERMINATION

When You cancel this Rider, it will terminate on the next premium due date.

TERMS AND CONDITIONS

This Rider becomes a part of your Certificate. It is governed by the General Provisions and terms of the Certificate that are not in conflict with the terms of this Rider. In the event of a conflict, the terms of this Rider shall prevail.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan

A handwritten signature in cursive script, reading 'Harold W. Huffstetler, Jr.'.

Harold W. Huffstetler, Jr., President

A handwritten signature in cursive script, reading 'Robert J. Dotson'.

Robert J. Dotson, Vice President & General Counsel



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SPOUSE BENEFIT INCREASE RIDER

BENEFIT

This Rider will pay increased benefits for all covered accidental injuries sustained by the Insured's spouse. This Rider increases the Spouse Benefit Level to 100% of the amount payable on the Insured.

RIDER EFFECTIVE DATE

Upon receipt of premium, this Rider's effective date is as shown on the Certificate Schedule of Benefits Amendment. This Rider is in effect only while the Certificate remains in effect. Injuries sustained prior to the effective date of this Rider are not covered.

TERMINATION

When You cancel this Rider, it will terminate on the next premium due date.

TERMS AND CONDITIONS

This Rider becomes a part of your Certificate. It is governed by the General Provisions and terms of the Certificate that are not in conflict with the terms of this Rider. In the event of a conflict, the terms of this Rider shall prevail.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Vice President & General Counsel

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<i>Product Name:</i>	<i>MLTA-08 2010 Riders/Ultra</i>		
<i>Project Name/Number:</i>	<i>MLTA-08 2010 Riders/Ultra/ML-10</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/05/2010
Comments:		
Attachment:		
Readability Certification.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	05/05/2010
Comments:		
Enrollment form AAA-MLT-03 was filed and approved for use in Arkansas 7/30/2004.		

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variability	Approved-Closed	05/05/2010
Comments:		
Attachment:		
Statement of Variability.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/05/2010
Comments:		
Attachment:		
AR Cover Letter MLT08 Riders.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Specimen Certificate Schedule of Benefits Amendment	Approved-Closed	05/05/2010

<i>SERFF Tracking Number:</i>	<i>AAAL-126597831</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45572</i>
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Comments:

An updated Certificate Schedule of Benefits Amendment will be issued each time a rider is issued.

Attachment:

ML-10SBA Certificate Schedule of Benefits Amendment.pdf

READABILITY CERTIFICATION

COMPANY NAME: AAA Life Insurance Company

I hereby certify that the forms listed below have the following scores as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>		<u>Score</u>
ML-10AAD	Additional Accidental Death Benefit Rider	52.8
ML-10AAH	Additional Accidental Hospital Benefit Rider	50.5
ML-10ABI	Airline Benefit Increase Rider	50.1
ML-10REB	Recuperation Extension Benefit Rider	58.2
ML-10SBI	Spouse Benefit Increase Rider	55.7



Company Officer: Robert J. Dotson
Vice President and General Counsel

April 19, 2010
Date

Statement of Variability
Certificate Schedule of Benefits Amendment
Member Loyalty Travel Accident Riders

1. Our toll free telephone number is bracketed on the Certificate Schedule of Benefits Amendment (as well as on all riders) to allow for additional toll-free lines to be added in the future.
2. Coverage Type: Either Individual or Family coverage is offered.
3. Mode: We offer monthly, quarterly, semi-annual or annual payment modes.
4. The benefit amounts are bracketed and vary according to the coverage option elected by the Member (Economy, Deluxe or Ultra).



Victoria Windham
Compliance Specialist

17900 N. Laurel Park Drive
Livonia, Michigan 48152
Phone: 734-779-2075
Fax: 734-805-2915
vwindham@aaalife.com

April 22, 2010

RE: **AAA Life Insurance Company**
NAIC No.: 71854 FEIN: 52-0891929

**Member Loyalty Travel Accident Riders - New
Ultra Benefit Level - New**

<u>Form Number</u>	<u>Description</u>
ML-10AAD	Additional Accidental Death Benefit Rider
ML-10AAH	Additional Accidental Hospital Benefit Rider
ML-10ABI	Airline Benefit Increase Rider
ML-10REB	Recuperation Extension Benefit Rider
ML-10SBI	Spouse Benefit Increase Rider

Dear Reviewer:

Attached are the above referenced forms, which are being submitted for your review and approval.

These are new certificate riders, and will not replace any previously approved forms. Once approved, the riders will be offered, via direct response mailing, to members of the American Automobile Association in your state who apply for coverage or who are currently covered under our Member Loyalty Travel Accident (MLTA) Group Insurance product. The MLTA Certificate was previously filed and approved on your state, as follows:

State	Certificate Form Number	SERFF #	Approval Date
AR	AAA-MLTCERT-08(AR)	AAAL-125559034	4/29/2008

We are also adding a new benefit level of coverage (Ultra) in addition to the previously approved Economy and Deluxe levels. Benefits and pricing associated with the new Ultra level are depicted in a new Actuarial Memorandum for Policy Form AAA-MLTCERT-08. In addition, we have attached Actuarial Memos for the riders listed above. For your review and information we are also attaching a Certificate Schedule of Benefits Amendment page, a Statement of Variability and a Readability Certification.

These forms are exempt from prior review and approval in our domiciliary state of Michigan. These forms do not contain any unusual or potentially controversial items apart from normal Company or industry standards. To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State. It includes nothing that has been previously objected to or disapproved by your Department.

Thank you for your time and consideration in regard to this filing. Should you have any questions, or require any additional information to complete your review, please contact me directly.

Sincerely,

Victoria Windham
Compliance Specialist



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION



(A Stock Company)

17900 N. Laurel Park Drive
Livonia, Michigan 48152
[(800) 624-1662]

**MEMBER LOYALTY TRAVEL ACCIDENT
Certificate Schedule of Benefits Amendment**

Insured: John Doe
Certificate Number: 2222222222
Coverage Type: Family
Base Premium: \$17.00

Membership Number: 111111111
Effective Date: 9/15/2010
Issue Age: 35
Mode: Monthly

<u>Certificate Year</u>	<u>Face Amount</u>	<u>Hospital Indemnity, Recuperation & Emergency Room Benefit Amount</u>
1	\$ 75,000	\$ 450.00
2	\$ 93,750	\$ 562.50
3	\$ 112,500	\$ 675.00
4	\$ 131,250	\$ 787.50
5 and above	\$ 150,000	\$ 900.00

<u>Rider*</u>	<u>Benefit</u>	<u>Rider Premium</u>	<u>Effective Date</u>
[Additional Accidental Death Benefit Rider]	100%	[\$13.00]	[09/15/10]
[Additional Accidental Hospital Benefit Rider]	100%	[\$5.50]	[09/15/10]
[Recuperation Extension Benefit Rider]		[\$3.00]	[09/15/10]
[Airline Benefit Enhancement Rider]	[\$500,000]	[\$1.00]	[09/15/10]
[Spouse Benefit Increase Rider]		[\$5.60]	[09/15/10]

TOTAL MONTHLY PREMIUM: \$45.10

*Please refer to the Rider and Certificate for detailed coverage information.